

2854

FILL OUT ALL BLANKS. PHYSICIANS should state CAUSE OF DEATH in terms, that it may be properly classified. AGE should be stated EXACTLY. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

| PLACE OF DEATH  |   | Arizona Territorial Board of Health  |                                |
|---|---|--|--------------------------------|
|   |   | BUREAU OF VITAL STATISTICS   |                                |
| COUNTY <u>Graham</u>  |   | ORIGINAL CERTIFICATE OF DEATH  | 119                            |
| DISTRICT <u>Pima</u>  |   |  | TERRITORIAL INDEX NO. <u>6</u> |
| TOWN <u>Pima</u>  |   |  | COUNTY REGISTERED NO. <u>5</u> |
| OR CITY <u>Pima</u>   | NO. _____   | ST. LOCAL REGISTRAR'S NO. <u>5</u>   |                                |
| (If death occurred in a Hospital or Institution, give its NAME instead of street and number.) |   |  |                                |
| FULL NAME <u>Mary Laprelle Mc Bride</u>   |   |  |                                |
| PERSONAL AND STATISTICAL PARTICULARS.   |   | MEDICAL CERTIFICATE OF DEATH   |                                |
| SEX <u>Female</u>   | COLOR or RACE <u>White</u>                            | DATE OF DEATH <u>1</u> <u>13</u> <u>1913</u>   |                                |
|   | White Indian<br>Black Chinese<br>Mexican <u>White</u> | (Month) (Day) (Year)   |                                |
|   | SINGLE MARRIED <u>Married</u><br>WIDOWED or DIVORCED  | I hereby certify, that I attended deceased from <u>1/13</u>  |                                |
| DATE OF BIRTH <u>Jan 7 1878</u>   |   | 191 <u>2</u> to <u>1/13</u> 191 <u>3</u> ; that I last saw her alive on <u>1/13</u> 191 <u>3</u> and that death occurred on the date stated above at <u>1:00</u> M. The DISEASE or INJURY causing Death was as follows: <u>Eclampsia Puerperal</u> |                                |
| AGE <u>35</u> yrs. <u>6</u> mos. <u>7</u> days  | If less than 1 day _____                              | (Duration) _____ yrs. _____ mos. <u>1</u> days   |                                |
| OCCUPATION (a) Trade, profession or particular kind of work <u>Wife &amp; Mother at home</u>  |   | Was disease contracted in Arizona? <u>yes</u>  |                                |
| BIRTHPLACE (State or country) <u>Wallburg Utah Co</u>   |   | If not, where? _____   |                                |
| PARENTS NAME OF FATHER <u>John Nuttall</u>  |   | CONTRIBUTORY <u>Pregnancy</u>  |                                |
| BIRTHPLACE OF FATHER (State or country) <u>Provo</u>  |   | (Duration) _____ yrs. _____ mos. _____ days  |                                |
| MAIDEN NAME OF MOTHER <u>Laura Gardner</u>  |   | (Signed) <u>W. E. Platt</u> M. D.  |                                |
| BIRTHPLACE OF MOTHER (State or country) <u>Provo, Utah Co</u>                                 |   | _____, 191____ (Address) <u>Safford Ariz</u>   |                                |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   |   | *In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.   |                                |
| (Informant) <u>D. L. Mc Bride</u>   |   | LENGTH OF RESIDENCE  |                                |
| (Address) <u>Pima Arizona</u>   |   | At place of death <u>12</u> yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.   |                                |
| PLACE OF BURIAL OR REMOVAL <u>Pima</u>  | DATE OF BURIAL OR REMOVAL <u>Dec 18 1912</u>          | Former or Usual Residence <u>Pima Ariz</u>   |                                |
| UNDERTAKER _____  | ADDRESS <u>Pima Ariz</u>                              | Filed <u>Feb 5 1913</u> <u>Mrs. W. D. French</u> Local Registrar   |                                |
|   |   | Filed <u>2/8</u> 191 <u>3</u> <u>R. C. Dryden</u> County Registrar   |                                |